

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445428</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/23/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>HARBOR VIEW NURSING AND REHABILITATION CENTER, INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1513 N 2ND STREET</b> <b>MEMPHIS, TN 38107</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 309	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint investigation for TN # 00026943</p> <p>Based on policy review, medical record review, and interview, it was determined the facility failed to ensure pre and post dialysis weights were documented as per policy for 2 of 19 (Residents #12 and #13) sampled residents and failed to ensure physician's orders were followed for accuchecks for 1 of 19 (Residents #18) sampled residents.</p> <p>The findings included:</p> <p>1. Review of the facility's "Dialysis Patient Services" policy documented, "...5. Nursing documentation required: Pre and Post dialysis weights..."</p> <p>a. Medical record review for Resident #12 documented an admission date of 1/7/11 with diagnoses of End Stage Renal Disease, Diabetes Mellitus Type II, and Severe Hypertension. Review of the Medication Administration Record (MAR) documented no pre and post weights for March 2011.</p>			F 309			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>During an interview in the Director of Nursing's (DON) office on 3/23/11 at 9:25 AM, the DON was asked about the documentation of pre and post dialysis weights. The DON stated, "...it should be on the MAR..."</p> <p>b. Medical record review for Resident #13 documented an admission date of 1/31/11 with diagnoses of End Stage Renal Disease, Diabetes Mellitus Type II, and Severe Hypertension. Review of the MAR documented no pre and post weights for March 2011.</p> <p>During an interview in the skilled nursing charting room on 3/23/11 at 8:50 AM, Nurse #10 stated, "...the policy for weights for dialysis should be... weighed pre and post dialysis and recorded..."</p> <p>During an interview in the 300 hallway on 3/23/11 at 9:30 AM, the Senior Nurse Consultant confirmed the pre and post dialysis weights for Residents #12 and 13 were not documented on the MAR.</p> <p>2. Medical record review for Resident #18 documented an admission date of 9/27/10 with diagnoses of Sepsis, Urinary Tract Infection, Pneumonia, Peripheral Vascular Disease, Respiratory Failure, Hypertension, Diabetes, and Tracheostomy. Review of a physician's order dated 9/27/10 documented, "...Accu [sign of check mark] [accuchecks] qid [four times a day]..." Review of the routine medications MAR for September 2010 documented a sliding scale for Insulin and the time of 6:30 AM under which was written, "Result [of accucheck], Amount [of Insulin], Site [of injection]..." Review of the routine</p>			F 309			

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F 309	Continued From page 2 medications MAR for October 2010 documented a sliding scale for Insulin and the time of 6:30 AM under which was written, "Result [of accucheck], Amount [of Insulin], Site [of injection]..." The facility was unable to provide documentation of accuchecks being performed qid as ordered.			F 309			